

# CLASS C AMENDMENT FORM

<p><b>File the original with:</b></p> <p><b>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199</b></p>	<p><b>Mail or fax a copy to:</b></p> <p><b>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</b></p>
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DATE: \_\_\_\_\_

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_

☐ Class C Non-Emergency #\_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: \_\_\_\_\_ DBA: \_\_\_\_\_  
(Current Name) (Current DBA if applicable)

TO: \_\_\_\_\_ DBA: \_\_\_\_\_  
(New Name) (New DBA if applicable)

## Scope of Authority

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

☐ Passenger Limit

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Limit Number) (New Limit Number)

Name &amp; DBA if DBA is applicable)

(Street and/or Mailing Address)

(City, State, Zip Code)

(Signature)

(Telephone Number)

(Title) Owner, President, etc.